

215017377

44445

State of Nebraska

## Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles		Local No./ District		Agency Case No. C15-07916		HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO		INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO		L 1						
A1	DATE OF ACCIDENT		M M / D D / Y Y Y Y		S M T W TH F S		TIME OF ACCIDENT		STATE USE ONLY								
	01		05/01/2015		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		0657		Amended								
A2	01		PLACE OF ACCIDENT		COUNTY Hall		POLICE NOTIFIED		0700								
B			CITY				PRIVATE PROPERTY?		<input type="radio"/> YES <input checked="" type="radio"/> NO								
C	2		ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. INTERSTATE 80		ONE-WAY STREET?		<input type="radio"/> YES <input checked="" type="radio"/> NO		LATITUDE 40.724380						
			DISTANCE FROM MILEPOST		2440		N S E W OF MILEPOST		294.000		HIGHWAY NO. 80						
											LONGITUDE -98.681920						
D	1		IF AT INTERSECTION		IF NOT AT INTERSECTION		NAME OF INTERSECTING ROADWAY		3.00		SHELTON OVERPASS I-80						
V1/M	01		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN		MILES 4.00		N S E W AND MILES 2.00		N S E W OF NEAREST CITY OR TOWN		SHELTON						
V2/M																	
E	1		R. WORK ZONE CODES		R1 1 R2 R3 R4		S. PEDESTRIAN CLASSIFICATION CODES		S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
F	1		DRIVER LICENSE NO.		H13702183		STATE (Of License)		NE		SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE						
V1/N	1		DRIVER		LARRY R BLAIR		PHONE		LOCAL NO.								
V2/N			DRIVER ADDRESS		224 E 4TH ST, AXTELL, NE 68924		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		05/23/1973						
G	2		OWNER		DANDEE CONSTRUCTION / DAN BUSER		PHONE		308-627-6660		LOCAL NO.						
H	3		OWNER ADDRESS		305 EAST 8TH STREET, POB 2587, KEARNEY, NE 68848		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO		CITATION NO.						
V1/O	4		LICENSE PLATE		TE NO. 092396		YEAR (Plate Expires)		2015		STATE (Of Plate) NE						
V2/O			VEHICLE		2003		MAKE		Chevrolet		MODEL SC1						
			BODY STYLE		Pickup truck		COLOR		blue		ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$						
			VEHICLE ID NO. (V/W)		1GCEC14X33Z115363		INSURANCE COMPANY		FARM BUREAU		POLICY NO.						
			TOWED TO		GRAND ISLAND		TOWED BY		KRAMER'S		0005CPP000197109						
I	1		VEHICLE NO. 2		DRIVER LICENSE NO.		STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE						
V1/P	7		DRIVER				PHONE		LOCAL NO.								
V2/P			DRIVER ADDRESS				CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)								
J	01		OWNER				PHONE		LOCAL NO.								
V1/Q	1		OWNER ADDRESS				CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.						
V2/Q			LICENSE PLATE				YEAR (Plate Expires)				STATE (Of Plate)						
			VEHICLE				MAKE				MODEL						
			BODY STYLE				COLOR				ESTIMATED DAMAGE <input type="radio"/> TOALED \$						
			VEHICLE ID NO. (V/W)				INSURANCE COMPANY				POLICY NO.						
K	01		TOWED TO				TOWED BY				POLICY NO.						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)												DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5		SEX M F	
VEH. # 1 NAME LARRY R BLAIR 224 E. 4TH ST., AXTELL, NE 68924												05/23/1973		01 3 01 2 2		M	
LOCAL NO.												MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	
												Good Samaritan Hospital		Wood River Rescue Unit			
VEH. # 1 NAME SHANE A LOVELAND 304 SHEPPARD AVE, HILDRETH, NE 68947												04/01/1982		02 3 08 2 2		M	
LOCAL NO.												MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	
												Good Samaritan Hospital		Good Samaritan EMS			
VEH. # 1 NAME JACOB S SUMMERS 823 S. MAIN, WILBER, NE 68465												12/03/1991		03 3 01 2 2		M	
LOCAL NO.												MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	
												Good Samaritan Hospital		Shelton Volunteer Fire & Rescue			

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS											
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; background-color: black; margin: 0 auto;"></div> </div> <p style="text-align: center; margin-top: 5px;">Indicate North by Arrow</p>		INDICATE BY DIAGRAM WHAT HAPPENED						AGENCY CASE NO. <b>C15-07916</b>			
		<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center; color: red;">Not To Scale</p> </div>									
DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION											
<p>Vehicle #1 was east bound on I-80 near MM 294 when it blew a rear tire. Vehicle #1 crossed into the median and rolled. Vehicle #1 came to rest on the west bound shoulder. All three occupants of Vehicle #1 were ejected. Passengers #2 and #3 received serious injuries. A legal blood draw was taken from the driver of Vehicle #1. <b>Drug use is suspected from all three occupants since methamphetamine was found at the scene.</b> Kramer's towing removed Vehicle #1. All three occupants were transported to Good Samaritan Hospital in Kearney. Occupant #2 was taken by Air Care and eventually flown to Omaha.</p>											
PROPERTY	OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE		
									\$		
WITNESSES	NAME		ADDRESS		PHONE						
	Rob Gibson				402-499-5550						
	NAME		ADDRESS		PHONE						
	Mary K Gibson				402-432-0171						
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)			AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEH 1	VEH 2	
1			X		INTERSTATE 8				3		
2											
1	01	06 Turning left		09 Leaving traffic lane		02 Top & windows		01		03	
2		07 Making U-turn		10 Undercarriage		03		02		04	
		08 Entering traffic lane		11 Total (all areas)		04		03		05	
		09 Leaving traffic lane		12 Other		05		04		06	
		10 Parked				06		05		07	
		11 Slowing or stopped in traffic				07		06		08	
		12 Other				08		07		09	
		13 Unknown				09		08		10	
OFFICER NO.		TROOP/TEAM/BEAT		DEPARTMENT		ALCOHOL/DRUGS SUSPECTED		Photographs taken?			
510				Nebraska State Patrol		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type)				INVESTIGATOR SIGNATURE				DATE OF REPORT			
Joe Flasnack				Approved by Joel Bergman				05/06/2015			